

DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Franklin

Registration District No. 392

File No. 22968

Township

Primary Registration District No. 8187

Registered No. 1767

or Village

No. Ohio Penitentiary

St. \_\_\_\_\_ Ward \_\_\_\_\_

or City of Columbus, Ohio

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

\_\_\_\_\_ yrs \_\_\_\_\_ mos 25 ds.

How long in U. S., if of foreign birth? \_\_\_\_\_ yrs \_\_\_\_\_ mos \_\_\_\_\_ ds.

2 FULL NAME Nile W. Bunn

Did Deceased Serve in  
U. S. Navy or Army

(a) Residence. No. Seneca County-Tiffin St.

Ward. Seneca County

(Usual place of abode)

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, divorced, or separated, name of HUSBAND of (or) WIFE of Mrs. Mary Bunn  
215 1/2 N. Washington St.,  
Tiffin, Ohio

6. DATE OF BIRTH (month, day, year) Nov. 21, 1899

7. AGE Years Months Days If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
30 5 10

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Fight Promoter  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sycamore Ohio

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. The Signature of INFORMANT and (Address) Ohio Len Besocke

18. BURIAL, CREMATION, OR REMOVAL Place Tiffin Ohio Date 4-24 1930

19. UNDERTAKER (Address) Ray C. Myers

19a. Was body embalmed Yes Embalmer's No. Tiffin Ohio

20. FILED 4/24, 1930 JW Keegan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22, 1930, 19

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, death is said to have occurred on the date stated above at 6.00 PM

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:

Conflagration  
Ohio Penitentiary

CONTRIBUTORY CAUSES of importance not related to principal cause:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) Joseph A. Murphy M. D.

(Address) 1450 Mt Vernon av